Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Anticipatory guidance and parental education (AGPE) from doctor(s) or other health provider(s): average percentage of recommended topics discussed by a child's doctor(s) or other health provider(s).

Source(s)

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. Pediatrics. 2001 May;107(5):1084-94. PubMed

Bethell C, Reuland CH, Halfon N, Schor EL. Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance. Pediatrics. 2004 Jun;113(6 Suppl):1973-83. PubMed

Child and Adolescent Health Measurement Initiative (CAHMI). Bethell C, Peck Reuland C, Walker C, Brockwood K, Latzke B, Read D. In-office administration of the promoting healthy development survey - reduced-item version. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; 79 p.

Child and Adolescent Health Measurement Initiative (CAHMI). Promoting healthy development survey - PLUS (PHDS-PLUS). Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; various p.

Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; 2001. 16 p.

Measure Domain

Primary Measure Domain

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

Secondary Measure Domain

Patient Experience

Brief Abstract

Description

This measure is used to assess the degree to which pediatric clinicians discussed key recommended anticipatory guidance and parental education (AGPE) topics. The AGPE section of the Promoting Health Development Survey (PHDS) is based on the American Academy of Pediatrics and Maternal Child Health Bureau recommendations. There are three age-specific versions of the AGPE section assessing whether 27 topics were discussed (approximately 16-18 items in each section). Topics assessed include feeding and nutrition, sleeping and physically caring for a child, safety and injury prevention, child growth, development, communication, and behavior. Each question asks whether the child's health care provider talked with them about the topic and the 4-part response scale:

Yes, and my questions were answered
Yes, but my questions were not answered completely
No, but I wish we had talked about that
No, but I already had information about that and did not need to talk about it anymore

Rationale

A primary component of well-child care is anticipatory guidance and parental education (AGPE). Past studies demonstrated that parents want to talk with health care providers about the topics that comprise anticipatory guidance and parent education recommendations. The Child and Adolescent Health Measurement Initiative (CAHMI) focus groups with parents and health care providers found that AGPE was the most important component of care provided in the context of discussions between the health care provider and the parent. Studies have shown that data derived from claims/billing codes and medical charts is not valid for determining whether specific topics were discussed and the degree to which the parent had their informational needs met on the specific topic. Parents are reliable and valid reporters of whether they recall discussions about specific topics and the degree to which their informational needs were met. The AGPE sections of the Promoting Health Development Survey (PHDS) focus on recommended topics for which there is evidence that providers can positively influence a parent behavior and only includes topics for which parents can reliably and validly report whether a discussion occurred. Few standardized quality measures are available that provide specific information about preventive health care for young children, especially on aspects of care for which parents and families are a reliable source of information about the quality of their child's health care. A majority of the measures currently used provide information about whether children come in for well-child visits (access to care measures) or are based on medical chart reviews, which are not accurate for the specific level of information obtained in the PHDS.

Primary Clinical Component

Clinical process of anticipatory guidance; parental education (feeding and nutrition, sleeping and physically caring for a child, safety and injury prevention, child growth, development, communication, behavior)

Denominator Description

The number of items in the "Anticipatory Guidance and Parental Education (AGPE)" scale the parent answered. Includes only children age 3 months to 48 months who received a well-child visit in the last 12 months and whose parent answered at least half of the items in the "Anticipatory Guidance and Parental Education (AGPE)" scale on the Promoting Healthy Development Survey (PHDS).

Numerator Description

The number of "Yes, and my questions were answered" OR "Yes, but my questions were not answered completely" responses to items in the "Anticipatory Guidance and Parental Education (AGPE)" scale (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Focus groups

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

Need for the Measure

Overall poor quality for the performance measured

Use of this measure to improve performance

Evidence Supporting Need for the Measure

Bethell C, Peck C, Abrams M, Halfon N, Sareen H, Scott Collins K. Partnering with parents to promote the healthy development of young children enrolled in Medicaid: results from a survey assessing the quality of preventive and developmental services for young children enrolled in Medicaid in three states. Washington (DC): The Commonwealth Fund; 2002 Sep. 72 p.

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. Pediatrics. 2001 May;107(5):1084-94. PubMed

State of Use of the Measure

State of Use

Current routine use

Current Use

Collaborative inter-organizational quality improvement

External oversight/Medicaid

Internal quality improvement

National reporting

Quality of care research

Application of Measure in its Current Use

Care Setting

Ambulatory Care

Professionals Responsible for Health Care

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Lowest Level of Health Care Delivery Addressed

Individual Clinicians

Target Population Age

Children age 3 months to 48 months

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

Unspecified

Association with Vulnerable Populations

Unspecified

Burden of Illness

Unspecified

Utilization

Unspecified

Costs

Unspecified

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

Children age 3 months to 48 months who received a well-child visit in the last 12 months

Denominator Sampling Frame

Patients associated with provider

Denominator Inclusions/Exclusions

Inclusions
The number of items in the "Anticipatory Guidance and Parental Education (AGPE)" scale the parent answered. Includes only children age 3 months to 48 months who received a well-child visit in the last 12 months and whose parent answered at least half of the items in the "Anticipatory Guidance and Parental Education (AGPE)" scale on the Promoting Healthy Development survey (PHDS).

Exclusions
Unspecified

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Encounter

Patient Characteristic

Denominator Time Window

Time window precedes index event

Numerator Inclusions/Exclusions

Inclusions
The number of "Yes, and my questions were answered" OR "Yes, but my questions were not answered completely" responses to items in the "Anticipatory Guidance and Parental Education (AGPE)" scale

From the responses, a composite measure score is calculated* in which a higher score is associated with better quality.

*Note: Scoring process:

> Individual items are recoded so that "Yes, and my questions were answered" OR "Yes, but my questions were not answered completely" responses are recoded into 100 and "No, but I wish we had talked about that" OR "No, but I already had information about that and did not need to talk about it anymore" responses are recoded into a 0.
> Child-level mean scores are calculated across the items. (Mean score between 0-100)
> Group-level mean scores are calculated as the mean of the child-level scores (e.g., office-level, plan-level, state-level).

Exclusions
Unspecified

Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Encounter or point in time

Data Source

Patient survey

Level of Determination of Quality

Individual Case

Pre-existing Instrument Used

Unspecified

Computation of the Measure

Scoring

Non-weighted Score/Composite/Scale

Interpretation of Score

Better quality is associated with a higher score

Allowance for Patient Factors

Analysis by high-risk subgroup (stratification on vulnerable populations)

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

Description of Allowance for Patient Factors

Although no stratification is required, the Promoting Healthy Development Survey (PHDS) includes a number of variables that allow for stratification of the findings by possible vulnerability:

- Child demographic characteristics (e.g., the child's age, race)
- Child health and descriptive characteristics (e.g., children at high risk for developmental, behavioral or social delays, special health care needs)
- Parent health characteristics (e.g., children whose parents are experiencing symptoms of depression)

Standard of Comparison

External comparison at a point in time

External comparison of time trends

Internal time comparison

Evaluation of Measure Properties

Extent of Measure Testing

1999: Pilot Testing by Mail in Three Health Plans

- Psychometric analyses demonstrated that the Promoting Healthy Development Survey (PHDS) quality measure scales have strong construct validity and internal consistency (reliability). Findings are displayed in the article, "Assessing Health System Provision of Well-child Cared: the Promoting Healthy Development Survey."
- In-depth cognitive testing of the draft survey was conducted with 15 families representing a range of socioeconomic and demographic groups, as well as different types of health insurance coverage, age of child, age and sex or parent, and number of children in family. Survey design and formatting was finalized with input from a group of experts and family representatives. Reliability assessments

indicated the PHDS to be written at the 8th-9th grade reading level. Cognitive testing confirmed the readability of the PHDS for people across a range of educational levels.

2000: Implementation by Mail to Medicaid Clients

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI Report, "Summary Testing and Findings of the PHDS in Maine."

2000: Implementation by Mail to Washington Medicaid Clients

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI Report, "PHDS Results: In Washington State."

2000-2001: Implementation by Telephone Three-State Medicaid Clients

Cognitive interviews were conducted with 20 parents of children 3 to 48 months old who were enrolled in Medicaid. Five of these interviews were conducted in-person; the remaining 15 were conducted over the telephone in order to assess the response burden and cognitive ease of the PHDS when using a telephone administration. Using behavior coding methods, for each item in the PHDS, instances where the respondent required clarification or did not appropriately answer an item were noted. Also, items where the interviewer had difficulty asking the question without edits to the wording were noted. Survey modifications were made based on findings in order to improve the reliability, validity and cognitive ease of the PHDS items.
The PHDS was administered by telephone to parents in 3 state Medicaid programs.
Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the report, "Partnering with Parents to Promote the Healthy Development of Young Children Enrolled in Medicaid."

2000: A Majority of the PHDS Included in the National Survey of Early Childhood Health (NSECH)

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the article, "Measuring the quality of preventive and developmental services for young children: National estimates and patterns of clinicians' performance."

2001-2003: Development and Implementation of the Provider-Level PHDS. October 2001-March 2003

Focus groups and cognitive interviews with 35 health care providers in Vermont and Washington and 20 parents of young children in Vermont to inform item-reduction, administration specifications, and reporting templates.
Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI reports, "Overview of the Round 1 Implementation of the PHDS in Mousetrap" and "University Pediatrics: Round 2 -- In-Office Implementation of the PHDS Key Findings."

2002-2004: Implementation by Telephone in Four Medicaid Agencies

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI report, "Hearing the Voices of Parents: Results from a Survey Assessing the Quality of Preventive and Developmental Services for Young Children Enrolled in Medicaid in Four States."

December 2003 - March 2004 Implementation of the PHDS in Kaiser Permanente, System, Office and Provider-Level Analysis Conducted

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the draft publication,

"What drives the quality of preventive and development services provided to young children? Findings from a multi-level, provider and patient-centered method to assess quality."

Evidence for Reliability/Validity Testing

Bethell C, Peck C, Abrams M, Halfon N, Sareen H, Scott Collins K. Partnering with parents to promote the healthy development of young children enrolled in Medicaid: results from a survey assessing the quality of preventive and developmental services for young children enrolled in Medicaid in three states. Washington (DC): The Commonwealth Fund; 2002 Sep. 72 p.

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. Pediatrics. 2001 May;107(5):1084-94. PubMed

Bethell C, Peck C. CAHMI quality measures: promoting healthy development survey. Summary of testing and findings in Maine. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 2000 Sep. 51 p.

Bethell C, Reuland CH, Halfon N, Schor EL. Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance. Pediatrics. 2004 Jun;113(6 Suppl):1973-83. PubMed

Child and Adolescent Health Measurement Initiative (CAHMI). Child and adolescent health measurement initiative: Washington State Healthy options. Promoting healthy development survey (PHDS): 2000 results. Portland (OR): Child and Adolescent Health Measurement Initiative, Foundation for Accountability; 2000. 59 p.

Child and Adolescent Health Measurement Initiative (CAHMI). Overview of the round 1 implementation of the PHDS in mousetrap and university pediatrics. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 27 p.

Child and Adolescent Health Measurement Initiative (CAHMI). What drives the quality of preventive and development services provided to young children? Findings from a multi-level, provider and patient-centered method to assess quality. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 2006. 38 p. [60 references]

Reuland C, Bethell C. Hearing the voices of parents: measuring and improving preventive and developmental services provided to young children. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 2004 Jun. 97 p.

Identifying Information

Original Title

Anticipatory guidance and parental education from doctor(s) or other health care provider(s): average percentage of recommended topics discussed.

Measure Collection Name

Promoting Healthy Development Survey (PHDS)

Measure Set Name

Anticipatory Guidance and Parental Education (AGPE)

Submitter

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

Developer

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

Funding Source(s)

The Commonwealth Fund

Composition of the Group that Developed the Measure

Christina Bethell, PhD, MBA, MPH; Colleen Reuland, MS; Brooke Latzke, BS

Financial Disclosures/Other Potential Conflicts of Interest

None

Endorser

National Quality Forum - None

Adaptation

Measure was not adapted from another source.

Release Date

2001 Jan

Revision Date

2006 Dec

Measure Status

This is the current release of the measure.

Source(s)

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy

Development Survey. Pediatrics. 2001 May;107(5):1084-94. PubMed

Bethell C, Reuland CH, Halfon N, Schor EL. Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance. Pediatrics. 2004 Jun;113(6 Suppl):1973-83. PubMed

Child and Adolescent Health Measurement Initiative (CAHMI). Bethell C, Peck Reuland C, Walker C, Brockwood K, Latzke B, Read D. In-office administration of the promoting healthy development survey - reduced-item version. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; 79 p.

Child and Adolescent Health Measurement Initiative (CAHMI). Promoting healthy development survey - PLUS (PHDS-PLUS). Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; various p.

Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; 2001. 16 p.

Measure Availability

The individual measure, "Anticipatory Guidance and Parental Education from Doctor(s) or Other Health Care Provider(s): Average Percentage of Recommended Topics Discussed," is published in "Promoting Healthy Development Survey (mail version)," "In-office Administration of the Promoting Healthy Development Survey - Reduced-item Version (office version)," and "Promoting Healthy Development Survey - PLUS (PHDS-PLUS) (telephone version)." This survey is available from the Child and Adolescent Health Measurement Initiative (CAHMI) Web site.

For further information, please contact the Child and Adolescent Health Measurement Initiative (CAHMI) at: 707 SW Gaines Street, Portland, OR 97239-3098; Phone: 503-494-1930; Fax: 503-494-2473; Web site: www.cahmi.org.

Companion Documents

The following are available:

Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey: implementation guidelines. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative, Oregon Health & Science University; 179 p. This document is available in Portable Document Format (PDF) from the Child and Adolescent Health Measurement Initiative (CAHMI) Web site.

Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey - PLUS: implementation guidelines. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative, Oregon Health & Science University; 320 p. This document is available in PDF from CAHMI Web site.

NQMC Status

This NQMC summary was completed by ECRI Institute on June 26, 2007. The information was verified by the measure developer on September 19, 2007.

Copyright Statement

The Child and Adolescent Health Measurement Initiative (CAHMI) quality measure tools (including sampling, administration, analysis and reporting specifications) are available for free on the CAHMI Web site (www.cahmi.org) thanks to past and current support from the Packard Foundation, Commonwealth Fund and the Robert Wood Johnson Foundation. All CAHMI quality measures are copyrighted by the CAHMI. Should you use any of the material from NQMC, please reference it appropriately.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouseâ„¢ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.